

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-876)	SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____		

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4							54						
5		4					55						
6		4					56						
7		0					57						
8	1		1				58						
9							59						
10		2					60						
11		2					61						
12		0					62						
13	1		1				63						
14							64						
15							65						
16							66						
17							67						
18		5					68						
19	1		1				69						
20							70						
21		2					71						
22	1		1				72						
23							73						
24							74						
25		3					75						
26		3					76						
27		0					77						
28	1		1				78						
29							79						
30	1		1				80						
31							81						
32		2					82						
33		2					83						
34		0					84						
35		0					85						
36	1		1				86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		8					TOTAL DEP.						
TOTAL CLAIMS		8					TOTAL CLAIMS						